## BEST AVAILABLE COPY

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

indication or Docket Number

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|-----|---|----|------|
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| CLAIMS AS FILED - PART (Column 1)   |   | (Column 2)                                |              |                              | SMALL ENTITY TYPE               |                  | OTHER THAN OR SMALL ENTITY |            |                        |         |                     |                        |
|---|---|---|--------------|------------------------------|---------------------------------|------------------|----------------------------|------------|------------------------|---------|---------------------|------------------------|
| TOTAL CLAIMS  |   | 35  |              | and the second second second |                                 | [                | RATE                       | FEE        |                        | RATE    | FEE                 |                        |
| FOR NUMBER FILED  |   | ILED                                      | NUMBER EXTRA |                              |                                 | BASIC FEE        | 355.00                     | OR         | BASIC FEE              | 710.00  |                     |                        |
| TOTAL CHARGEABLE CLAIMS 2 minus 20=   |   | . 15                                      |              |                              | X\$ 9=                          | 135              | OR                         | X\$18=     |                        |         |                     |                        |
| INDEPENDENT CLAIMS minus 3 =  |   | d   |              |                              | X40=                            |                  | OR                         | X80=       |                        |         |                     |                        |
| MULTIPLE DEPENDENT CLAIM PRESENT  |   |   |              |                              |                                 |                  | +135=                      |            | OR                     | +270=   |                     |                        |
| * If the difference in column 1 is less than zero, enter                              |   |   |              | r "0" in c                   | olumn 2                         |                  | TOTAL                      | 440        | OR                     | TOTAL   |                     |                        |
| GATA CLAIMS AS AMENDED - PARTIE   |   |   |              |                              |                                 | (Column 3)       |                            | SMALL      |                        | OR      | OTHER<br>SMALL      |                        |
| AMENDMENT A   |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |              | PREVI                        | HEST<br>IBER<br>OUSLY<br>FOR    | PRESENT<br>EXTRA |                            | RATE       | ADDI-<br>TIONAL<br>FEE |         | RATE                | ADDI-<br>TIONAL<br>FEE |
| DME   | Total   | . 21                                      | Minus        | 2                            | 35                              | - /              |                            | X\$ 9=     | •                      | OR      | X\$18=              |                        |
| ME  | Independent   | • /                                       | Minus        |                              | 3                               | =/               |                            | X40=       |                        | OR      | X80=                |                        |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |   |   |              |                              |                                 |                  | +135=                      |            | OR                     | +270=   |                     |                        |
| TOTAL OD TOTAL  |   |   |              |                              |                                 |                  |                            |            | TOTAL<br>ADDIT, FEE    |         |                     |                        |
|   |   | (Column 1)                                |              | (Colu                        | ımn 2)                          | (Column 3)       |                            | ADDII. FEE |                        |         |                     | -                      |
| NT B  | en e  | CLAIMS REMAINING AFTER AMENDMENT          | Andrews      | NUI<br>PREV                  | HEST<br>MBER<br>IOUSLY<br>D FOR | PRESENT<br>EXTRA |                            | RATE       | ADDI-<br>TIONAL<br>FEE |         | RATE                | ADDI-<br>TIONAL<br>FEE |
| ₩<br>E  | Total   | •   | Minus        | **                           |                                 | = '              |                            | X\$ 9=     |                        | OR      | X\$18=              |                        |
| AMENDMENT   | Independent   | •   | Minus        | ***                          |                                 | -                |                            | X40=       |                        | OR      | X80=                |                        |
|   | FIRST PRESE   | NTATION OF M                              | ULTIPLE DEF  | PENDEN                       | IT CLAIM                        |                  | J                          | +135=      |                        | OR      | +270=               |                        |
|   |   | •   |              |                              |                                 |                  | :                          | TOTAL      |                        | OR      | TOTAL<br>ADDIT. FEE |                        |
|   |   | (Column 1)                                |              | (Colu                        | umn 2)                          | (Column 3)       |                            | ADDIT. FEE |                        | •<br>•. | AUDII. FEE          |                        |
| AMENDMENT C   |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT | Į.           | HIG<br>NUI<br>PREV           | HEST<br>MBER<br>MOUSLY<br>D FOR | PRESENT<br>EXTRA |                            | RATE       | ADDI-<br>TIONAL<br>FEE |         | RATE                | ADDI-<br>TIONAL<br>FEE |
| MOP   | Total   | •   | Minus        | ••                           |                                 | =                |                            | X\$ 9=     |                        | OR      | X\$18=              | ï.                     |
| ME  | Independ nt   |   | Minus        | •••                          |                                 | =                | -                          | X40=       |                        | OR      | X80=                |                        |
| Ľ   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |   |              |                              |                                 |                  | J                          | +135=      |                        | OR      | +270=               |                        |
| * If the entry in column 1 is less than the entry in column 2, write *0* in column 3. |   |   |              |                              |                                 |                  |                            | OR         | TOTAL                  |         |                     |                        |
| ::  | if the "Highest Number Proviously Paid For" IN THIS SPACE is less than 3, enter "3."  |   |              |                              |                                 |                  |                            |            |                        |         |                     |                        |
| 1   | The "Highest Number Pr viously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |   |              |                              |                                 |                  |                            |            |                        |         |                     |                        |